

11 JUN -8 PM 12:37

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Date Received
APR 4 2011

CITY OF BALDWIN PARK
CITY CLERK'S DEPARTMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Garcia Raquel Monica

1. Office, Agency, or Court

Agency Name

City of Baldwin Park

Division, Board, Department, District, if applicable

Your Position

City Council

Council Member

► If filing for multiple positions, list below or on an attachment.

Agency: Independent Cities Association

Position: Representative

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☒ City of Baldwin Park

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2009, through December 31, 2010.

☐ Leaving Office: Date Left (Check one)

The period covered is / / , through December 31, 2010.

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date / /

☐ The period covered is / / , through the date of leaving office.

☐ Candidate: Election Year Office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page:

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California that

Date Signed 04/04/11
(month, day, year)

Signature

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Garcia, R. Monica
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► NAME OF SOURCE
 Waste Management

ADDRESS (Business Address Acceptable)
 13940 E. Live Oak Ave., Baldwin Park 91706

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Waste Hauler

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / / 10	\$ 75.00	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____